

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Ruth's House, L.L.C	<b>CHAPTER</b> 100.1
<b>Address:</b> 73-4318 Keo Keo Street, Kailua-Kona, Hawaii 96740	<b>Inspection Date:</b> April 18, 2019

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1, cardiopulmonary resuscitation (CPR) completed online. Unable to determine validity of certification.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This deficiency was corrected. PCG informed SCG #1 that online CPR is unacceptable by the HDOH. SCG #1 made an appointment on 4/24/2019 to take CPR in full which was completed on 4/26/2019.</p> <p>See attachment</p>	4/26/2019

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1, cardiopulmonary resuscitation (CPR) completed online. Unable to determine validity of certification.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG informed all SCGs that online CPR is unacceptable for validity of CPR. All SCG will take the course of CPR by a certified instructor within the allowed time frame</p>	4/26/2019

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, admitted on August 4, 2018, medication orders obtained on August 6, 2018. Physician office visit of July 26, 2018 listed all medications; however, list was "generated on August 6, 2018."</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (e)</b> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, admitted on August 4, 2018, medication orders obtained on August 6, 2018. Physician office visit of July 26, 2018 listed all medications; however, list was "generated on August 6, 2018."</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG and CM will monitor all admission documentation and medication records prior to resident admission date. PCG and CM together will use HDOH admission check list to ensure that all documentation is accurate, in place, and on time. The check list will be stored in the admission section of the resident's chart. PCG contacted CM for the medication orders that were generated 7/23/2018.</p> <p>See attachment</p>	<p>4/22/2019</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (c)</b> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, February – April 2019 medication record reflected the following:</p> <ul style="list-style-type: none"> <li>• "Lactulose 10 gm/15ml Sol. Take 1 Tbl (15 ml) PO 3x day PRN"</li> </ul> <p>No physician order obtained until April 12, 2019.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (e)</b> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1, February – April 2019 medication record reflected the following:</p> <ul style="list-style-type: none"> <li>• "Lactulose 10 gm/15ml Sol. Take 1 Tbl (15 ml) PO 3x day PRN"</li> </ul> <p>No physician order obtained until April 12, 2019.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will ensure that all T.O.(telephone orders) orders requested are documented with a T.O and date of medication request in the margin of the flow sheet to include, subsequent months until the requested order is obtained from MD/ APRN, within 4 months. A telephone order check list, stored in resident medication section of MAR for each resident to be used for monitoring receipt of date for MD signed order per T.O. request has been created.</p> <p>See attached.</p>	4/23/2019

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (e)</b>  All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b>  Resident #1, March – April 2019 medication record reflected the following:</p> <ul style="list-style-type: none"> <li>• “Diphenoxylate 2.5-0.025 1 tab PO QID PRN”</li> </ul> <p>No physician order obtained until April 12, 2019.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (e)</b> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1, March – April 2019 medication record reflected the following:  <ul style="list-style-type: none"> <li>• "Diphenoxylate 2.5-0.025 1 tab PO QID PRN"</li> </ul> No physician order obtained until April 12, 2019.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will ensure that all T.O. (telephone order) requested are documented with a T.O. and date of request of medication in the margin of the flow sheet to include subsequent months until the requested order, within 4 months, is obtained from MD/APRN. A telephone order check list has been created, and stored in resident medication of MAR for each resident, which will be used to monitor receipt date for signed order for T.O. request.</p> <p>* See attachment  <i>Note: the same attached form for 11-100.1-15 pg. #7</i></p>	4/23/2019

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (e)</b> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, physician order dated April 12, 2019 read:</p> <ul style="list-style-type: none"> <li>• "Brimonidine 0.2% eyedrop Instill 1 drop both eyes <u>TID</u>"</li> </ul> <p>Prescription label read:</p> <ul style="list-style-type: none"> <li>• "Brimonidine Tartrate OP 0.2% Sol. Instill one drop into the affected eyes <u>daily</u>"</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This deficiency was corrected. PCG contacted PCP 4/25/2019, requesting the original label to place on medication container. PCP authorized correction to medication label which reads 1 drop to both eyes TID. PCG requested pharmacy to print a new label for medication bottle. Correct label is in place. Which now reads 1 drop in both eyes TID.</p> <p>See attachment</p>	4/25/2019

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (e)</b> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, physician order dated April 12, 2019 read:  <ul style="list-style-type: none"> <li>• "Brimonidine 0.2% eyedrop Instill 1 drop both eyes TID"</li> </ul> Prescription label read:  <ul style="list-style-type: none"> <li>• "Brimonidine Tartrate OP 0.2% Sol. Instill one drop into the affected eyes daily"</li> </ul> </p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will check at time of medication pick up that the medications have the correct information on labels, to include resident name , name of medication, frequency, time, date, and route.</p>	4/25/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b>FINDINGS</b> Resident #1, physician orders dated July 26, 2018 read:</p> <ul style="list-style-type: none"> <li>• "Brimonidine 0.2% eyedrops 1 drop ophthalmic"</li> </ul> <p>August – December 2018 medication records read:</p> <ul style="list-style-type: none"> <li>• "Brimonidine 0.2% eye drop instill 1 drop both eyes TID"</li> </ul> <p>Physician order did not indicate route and frequency of medication administration.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1, physician orders dated July 26, 2018 read:  <ul style="list-style-type: none"> <li>• "Brimonidine 0.2% eyedrops 1 drop ophthalmic"</li> </ul> August – December 2018 medication records read:  <ul style="list-style-type: none"> <li>• "Brimonidine 0.2% eye drop instill 1 drop both eyes TID"</li> </ul> Physician order did not indicate route and frequency of medication administration.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. PCG will prevent a similar deficiency from recurring by documenting the MD order in MAR as soon as it is ordered by the MD/ APRN, ensuring the correct resident, correct route, correct frequency, correct dose and medication, is clearly printed on the label of medication container.</li> <li>2. Prior to medication pick-up, PCG will take a picture of MD/APRN order to match with medication to be picked up.</li> </ol>	5/20/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b> Resident #1, physician order dated July 26, 2018 read:</p> <ul style="list-style-type: none"> <li>• "Dulcolax (Bisacodyl) 5 mg tablet 1 tablet PO <u>OD</u>" <ul style="list-style-type: none"> <li>- September 2018 medication record – not initialed September 20 – 30.</li> </ul> </li> <li>• "Nystatin 100,000 units/gram topical cream, Gram(s) TOP Apply to under LT breast topically <u>every day and evening shift</u> for rash apply with Triamcinolone 0.1% cream" <ul style="list-style-type: none"> <li>- August 2018 medication record – not initialed as administered August 1-31.</li> </ul> </li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (m)</b> All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b> Resident #1, physician order dated July 26, 2018 read:</p> <ul style="list-style-type: none"> <li>• "Dulcolax (Bisacodyl) 5 mg tablet 1 tablet PO QD" <ul style="list-style-type: none"> <li>- September 2018 medication record – not initialed September 20 – 30.</li> </ul> </li> <li>• "Nystatin 100,000 units/gram topical cream, Gram(s) TOP Apply to under LT breast topically <u>every day</u> and evening shift for rash apply with Triamcinolone 0.1% cream" <ul style="list-style-type: none"> <li>- August 2018 medication record – not initialed as administered August 1-31.</li> </ul> </li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>At the end of each month the medication record will be monitored by PCG and SCG. PCG created a "tickler sheet" to be initialed after examining the MAR at month end. This will provide accountability for all medications. The "tickler sheet" will be stored in the front section of the MAR.</p> <p>See attachment</p>	4/29/2019

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-20 Resident health care standards. (c)</b>  The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b>FINDINGS</b>  Resident #1, monthly weight record reflected:</p> <ul style="list-style-type: none"> <li>• December 2018 – 185.4 lbs.</li> <li>• January 2019 173 lbs.</li> </ul> <p>No documentation that physician was made aware of the weight loss of twelve (12) pounds in one (1) month.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-20 Resident health care standards. (c)</b>  The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b><u>FINDINGS</u></b>  Resident #1, monthly weight record reflected:</p> <ul style="list-style-type: none"> <li>• December 2018 – 185.4 lbs.</li> <li>• January 2019 173 lbs.</li> </ul> <p>No documentation that physician was made aware of the weight loss of twelve (12) pounds in one (1) month.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG and SCG will weigh residents each month and check documentation together to ensure the transcription is accurate from progress note to weight sheet.</p> <p>NOTE:  Jan 2019 weight of 173# was transcribed incorrectly from progress note to weight sheet. Correct weight for Jan. 2019 is 183 # which was on the progress note.</p>	4/22/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b>  Resident #1, care plan (last updated March 25, 2019) entitled "Pain &amp; Spasms related to history of low back pain, gout and osteoarthritis" listed the following interventions:</p> <ul style="list-style-type: none"> <li>• "Medicate Indomethacin 50 mg 1 cap q 24 hrs by mouth for gout"</li> <li>• "Medicate Tramadol 50 mg 1 tab by mouth q12 hours as needed for pain"</li> <li>• "Medicate Vallium 2 mg 1/ tab by mouth q 8 hours as needed for spasms"</li> </ul> <p>However, no physician order for the aforementioned medications.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Care plan will be carefully reviewed and updated to ensure correct medication orders by MD, prior to admission and on a monthly scheduled visit with CM. Care plan was reviewed and updated with 3 medications being D/C'd in a telephone order dated 5/20/2019.</p>	<p>5/20/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b> Resident #1, care plan (last updated March 25, 2019) entitled "Pain &amp; Spasms related to history of low back pain, gout and osteoarthritis" listed the following interventions:</p> <ul style="list-style-type: none"> <li>• "Medicate Indomethacin 50 mg 1 cap q 24 hrs by mouth for gout"</li> <li>• "Medicate Tramadol 50 mg 1 tab by mouth q12 hours as needed for pain"</li> <li>• "Medicate Vallium 2 mg 1/ tab by mouth q 8 hours as needed for spasms"</li> </ul> <p>However, no physician order for the aforementioned medications.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>CM and PCG will review all admission orders prior to admission. PCG and CM will review all MD admission orders with medications on day of admission. All admission medication orders will be matched with labels on medication containers.</p>	5/20/2019

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1, care plan (last updated March 25, 2019) entitled: At risk for respiratory problems due to allergies and history of pneumonia and cough" listed the following interventions:</p> <ul style="list-style-type: none"> <li>• "Medicate loratadine 10 mg 1 tab by mouth every 24 hours as needed for allergies"</li> <li>• Medicate Tessalon 200 mg capsule- 1 cap by mouth as needed three times a day"</li> </ul> <p>However, no physician order for the aforementioned medications.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. The Care plan will be carefully reviewed and updated to ensure correct medication orders by MD, prior to admission and on a scheduled monthly basis with CM. Care plan was reviewed and updated with 2 medications being D/C'd in a telephone order dated 5/20/2019.</p>	<p>5/20/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><b>§11-100.1-88 Case management qualifications and services.</b> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to; treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b> Resident #1, care plan (last updated March 25, 2019) entitled: At risk for respiratory problems due to allergies and history of pneumonia and cough" listed the following interventions:</p> <ul style="list-style-type: none"> <li>• "Medicate loratadine 10 mg 1 tab by mouth every 24 hours as needed for allergies"</li> <li>• Medicate Tessalon 200 mg capsule- 1 cap by mouth as needed three times a day"</li> </ul> <p>However, no physician order for the aforementioned medications.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>CM and PCG will review all admission orders prior to admission. PCG and CM will review all MD admission orders with medications on day of admission. All admission medication orders will be matched with labels on medication containers.</p>	<p>5/20/2019</p>

Licensee's/Administrator's Signature: Ligtha D. Huber

Print Name: LEIGHA D. Huber

Date: May 2, 2019

Licensee's/Administrator's Signature:

Leigha Huber

Print Name:

LEIGHA HUBER

Date:

May 22, 2019